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BIBDATASHEET**CONFIRMATION NO. 3382**

Bib Data Sheet

SERIAL NUMBER 09/892,753	FILING DATE 06/28/2001 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 3285.01US02
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/216,544 07/06/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 08/23/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>VO</i>				

ADDRESS

24113

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TITLE

Rotating punching accessory

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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